

Electronic Data Interchange (EDI) REGISTRATION

ND DEPARTMENT OF HUMAN SERVICES/MEDICAL SERVICES

SFN 548 (09-03)

PRIVACY STATEMENT: The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is required pursuant to 26 CFR 301.6109-1 and is requested for the purpose of reporting tax information. Failure to disclose this information results in a \$50 penalty under 26 CFR 301.6723-1 unless it is due to reasonable cause and not to willful neglect.

The information you provide on this EDI Registration is used to set up your office for electronic claims submission. **Please complete every section as accurately and thoroughly as possible.** If a section is not applicable, write "N/A." If you have any questions concerning the correct completion of the form, please contact us for assistance. Once you are approved for EDI production status, notify us whenever this information changes. **NOTE:** You must complete and submit the Electronic Funds Transfer (EFT) Form and the Trading Partner Agreement prior to being approved.

SUBMITTER INFORMATION

This section requests information about the entity submitting electronic transactions. If you are a North Dakota Medicaid Provider submitting directly to the Department, you must choose a valid ND Medicaid Provider Number as your Submitter ID #. This will be used in the Interchange Sender ID (ISA06) element of Interchange Control Header information to identify who is submitting transactions to the Department. If you will be sending separate transactions with separate Sender ID's for each separate Medicaid provider number, a separate EDI and TPA registration form must be completed for each provider number. If you are sending transactions containing multiple provider numbers under one Sender ID, you will need to complete one TPA and EDI registration. Please note: If you are planning on receiving an 835 Health Care Claim Payment/Advice back for multiple provider numbers, a separate EDI and TPA registration must be filled out for each provider number you will be receiving the 835 transaction back on. Please fill in the submitter information for the submitting facility / clearinghouse that will be sending electronic transaction(s).

Submitting Facility /
Clearinghouse Name:

Submitting Facility ID#: *(Medicaid Provider Number,
or if Clearinghouse, your Interchange Sender ID (ISA06))*

Mailing Address:

City:

State:

Zip:

Contact Person:

Title:

Telephone: ()

Fax: ()

Email:

What date would you like to start testing your electronic claims?

Date: -----/-----/-----

PROVIDER INFORMATION

If you are sending transactions containing multiple ND Medicaid provider numbers under one Sender ID, please indicate the ND Medicaid Provider numbers you will be submitting electronic transactions for.

Federal Tax ID/SSN:

Provider Number(s):
*(If too numerous to fill in,
please attach a separate
sheet)*

(If you do not have a Provider number, please contact Provider Enrollment at 701-328-4033 or 1-800-755-2604 or Email: dhsenrollment@state.nd.us)

Transaction Type Registration

Please indicate the transaction type(s) you will be using by checking the corresponding box below:
(Please note, the transaction type must be filled out in order for us to enter a trading partner and begin testing with you)

- ☐ 837P – Professional Health Care Claim
(If you would bill services to Medicaid on a HCFA-1500 form, you would use this transaction)
- ☐ 837I – Institutional Health Care Claim
(If you would bill services to Medicaid on a UB-92 form, you would use this transaction)
- ☐ 837D – Dental Health Care Claim
- ☐ 835 – Health Care Claim Payment/Advice
- ☐ 270 – Health Care Eligibility Benefit Inquiry
271 – Health Care Eligibility Benefit Response
- ☐ 276 – Health Care Claim Status Request
277 – Health Care Claim Status Response
- ☐ 278 – Health Care Services Request for Review and Response
- ☐ 997 – Functional Acknowledgement
- ☐ TA1 – Interchange Acknowledgment

Method of Electronic Access

Please indicate method of electronic access (how you will transmit claims electronically to DHS)

- ☐ Web-based File Transfer
- ☐ Submission through PC-ACE

EFT (Electronic Funds Transfer)

- ☐ An EFT form has been completed.

An original signature is required for this document. The ND Department of Human Services does not accept faxed copies of this form. The ND Department of Human Services will only process forms that are mailed in and contain the appropriate original signature.

Signature

Date